



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E357321**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL
RESERVATION

CASE # **14-2293**

LOCAL AGENCY
CODING **0664**

TOTAL # OF
UNITS **03**

OBJECT
STRUCK

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	09	17	2014	1634	31						

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

HWY 9

BLOCK NO. ☒
MILE POST ☐

3200

DISTANCE

1000

MILES

FEET

☐ N

☒ S

☐ E

☒ W

OF (REFERENCE OR CROSS STREET)

SR 92

UNIT 01

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4259485652

LAST NAME

CARMAN

FIRST NAME

COLIN

MIDDLE INITIAL

J

STREET
NEW ADDRESS

11833 44TH DR SE

CITY

EVERETT

ST

WA

ZIP

982089170

GDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

CARMACJ104PF

STATE

WA

SEX

M

D.O.B.

10

06

1990

ON DUTY ☐

STATUS

AIRBAG

6

RESTR.

4

EJECT

1

HELMET USE

1

INJURY CLASS

1

NATURE OF INJURIES

LICENSE
PLATE #

AR08133

STATE

WA

VIN#

1J4FA39S05P385171

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2005

MAKE

JEEP

MODEL

WRJP

STYLE

2W

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. **COLIN CARMAN 11833 44TH DR SE EVERETT WA 98208**

LIABILITY INSURANCE
IN EFFECT ☒

INSURANCE CO
& POLICY #

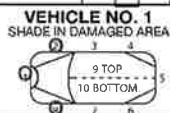
USAA 03265-16-70G

VEHICLE
LEGALLY
STANDING ☐

YES ☐ NO ☐

CITATION #

CHARGE



UNIT 02

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4257373826

LAST NAME

HAMILTON

FIRST NAME

CHONTE

MIDDLE INITIAL

L

STREET
NEW ADDRESS

1924 VIRGINIA AVE

CITY

EVERETT

ST

WA

ZIP

982012443

GDL

RESTRICTIONS

B

ENDORSEMENTS

DRIVER'S
LICENSE #

HAMILCL081DK

STATE

WA

SEX

F

D.O.B.

03

12

1992

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

7

INJURY CLASS

7

NATURE OF INJURIES
BACK AND STOMACH

LICENSE
PLATE #

044ZBY

STATE

WA

VIN#

JT3HN87RW0173180

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

1998

MAKE

TOYT

MODEL

4RUN

STYLE

UT

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. **CHONTE HAMILTON 1924 VIRGINIA AVE EVERETT WA 982012443 D: 4257373826**

LIABILITY INSURANCE
IN EFFECT ☒

INSURANCE CO
& POLICY #

OMNI 4331699

VEHICLE
LEGALLY
STANDING ☐

YES ☐ NO ☐

CITATION #

CHARGE



OFFICER'S NAME (PRINT)

C. WELLS #131

BADGE OR ID #

131

AGENCY

WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E357321**

CASE # **14-2293**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		HAMILTON M'KINZIE L														
ADDRESS & PHONE # 1924 VIRGINIA AVE EVERETT WA 982012443 4257373826										SEX F	D.O.B. MMDDYYYY 02	-	11	-	2014	
PASSENGER	<input checked="" type="checkbox"/> WITNESS <input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	5	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-		NATURE OF INJURIES
PASSENGER	<input type="checkbox"/> WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-		NATURE OF INJURIES
PASSENGER	<input type="checkbox"/> WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 1 rearended Unit 2 which caused Unit 2 to rearend Unit 3. The driver of Unit 2 complained of back and stomach pain. Aid responded and provided care. Infant in Unit 2 was also seen by Aid as precautionary. No one transported. No vehicles towed.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS #131

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

09-17-14 07:49 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

9/17/2014 10:11:43 PM

BADGE OR ID # **131**

ORI # **WA0311900**

TIME POLICE DISPATCHED **4:34 PM**

TIME POLICE ARRIVED **4:36 PM**



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E357321**

CASE # **14-2293**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

3

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4253467977

LAST NAME

IVANCICH

FIRST NAME

DAVID

MIDDLE INITIAL

G

STREET NEW ADDRESS

10629 59TH DR NE

CITY

MARYSVILLE

ST

WA

ZIP

982700000

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

IVANCDG498N2

STATE

WA

SEX

M

D.O.B.

MMDDYYYY

08

-

22

-

1951

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

1

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

ARU3588

STATE

WA

VIN#

1FADP3K25DL238031

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2013

MAKE

FORD

MODEL

FOCUS

STYLE

4H

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO. DAVID IVANCICH 10629 59TH DR NE MARYSVILLE WA 982700000 D: 4253467977

LIABILITY INSURANCE
IN EFFECT ☒

INSURANCE CO & POLICY # FARMERS 188414587

VEHICLE LEGALLY
STANDING ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B.

MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

1

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐

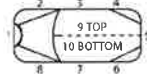
INSURANCE CO & POLICY #

VEHICLE LEGALLY
STANDING ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS #131

09-17-14 07:49 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

131

ORI #

WA0311900

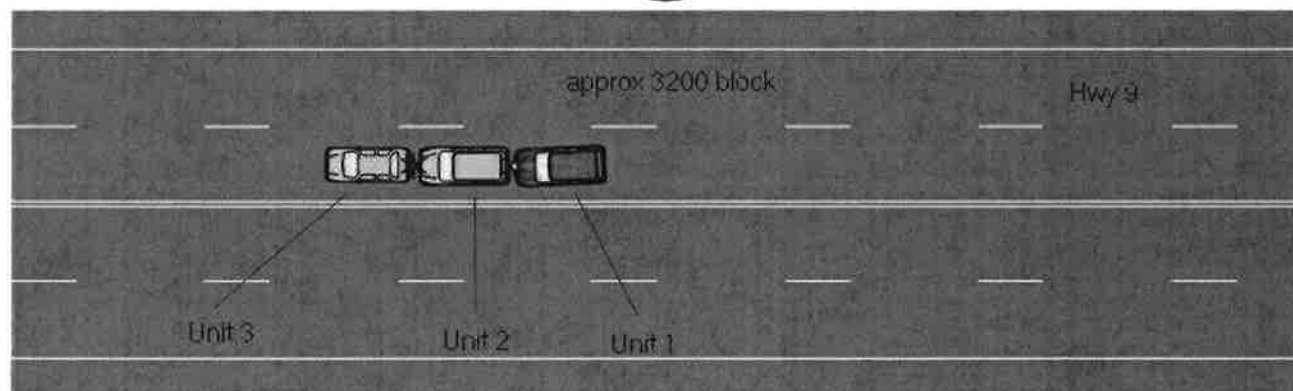
APPROVED BY
MINER

DATE
9/17/2014

PAGE 3

OF 4

not to scale



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02293


VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Cairman Colin James	RACE White	ETH	SEX M	DOB 10/6/90	AGE 23	HGT 5'11"	WGT 190	HAIR Brown	EYES Blue
STREET ADDRESS 20630 64th Dr NE		CITY Arlington		STATE WA		ZIP 98208		RES. STATUS		
HOME PHONE		CELL PHONE 425-948-5652		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS colin.j.cairman@gmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling north on AWA car in front of me slammed on their brakes & I couldn't stop in time.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 9/16/14	LOCATION SIGNED
OFFICER/NUMBER: C. Welles / 131	DATE SIGNED 9/17/14	LOCATION SIGNED UKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 14-02293

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Hamilton Chontae Lee</u>	RACE <u>White</u>	ETH	SEX <u>F</u>	DOB <u>3-12-92</u>	AGE <u>22</u>	HGT <u>5'5"</u>	WGT <u>140</u>	HAIR <u>Brown</u>	EYES <u>Blue</u>
STREET ADDRESS <u>20630 64th Dr NE</u>		CITY <u>Arlington</u>		STATE <u>WA</u>		ZIP <u>98223</u>		RES. STATUS		
HOME PHONE		CELL PHONE <u>(425) 737-3826</u>				PLACE OF EMPLOYMENT				
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Everyone was driving normal when there was an abrupt stop. I stopped when I was hit from behind and hit the car in front of me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>[Signature] Hamilton</u>	DATE SIGNED <u>8-17-14</u>	LOCATION SIGNED <u>Lake Stevens</u>
OFFICER/NUMBER: <u>C. WELLS / 131</u>	DATE SIGNED <u>9/17/14</u>	LOCATION SIGNED <u>LKS</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LSPD
ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02293



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) IVANCICH DAVID GEORGE	RACE W	ETH	SEX M	DOB 08-22-51	AGE 63	HGT 5'6"	WGT 180	HAIR BLK	EYES BLU
STREET ADDRESS 10629 59TH DR NE		CITY MARYSVILLE			STATE WA		ZIP 98270		RES. STATUS	
HOME PHONE		CELL PHONE 425 346 7977			PLACE OF EMPLOYMENT BOEING					
WORK PHONE		EMAIL ADDRESS MX51UY@HOTMAIL.COM								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Going north on Hwy 9 slowed for light car behind slowed third car hit 2nd car then pushed into mine

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>David Ivancich</i>	DATE SIGNED 09-17-14	LOCATION SIGNED
OFFICER/NUMBER: C. WELLS / 131	DATE SIGNED 9/17/14	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LSPD
ORIGINAL

EXCHANGE OF INFORMATION

OFFICER NAME: **C. WELLS #131 #131**
AGENCY: **LAKE STEVENS PD**

COLLISION: **09/17/14 04:34 PM**
DISPATCH: **09/17/14 04:34 PM**
ARRIVAL: **09/17/14 04:36 PM**

CASE#: **14-2293**
LOCATION: **HWY 9 BN:9000**
AT SOPER HILL RD

NARRATIVE/NOTES:

UNIT 1:	MOTOR VEHICLE -	2005 WRJP PLATE: AR08133 (WA)	TOWED BY:
DRIVER: COLIN J CARMAN		VEH OWNER: COLIN CARMAN	
ADDRESS: 11833 44TH DR SE EVERETT, WA 982089170		ADDRESS: 11833 44TH DR SE EVERETT, WA 98208	
DL #: CARMACJ104PF		STATE: WA	
PHONE: (425) 948-5652		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: USAA		INSURED BY:	
POLICY #: 03265-16-70G		POLICY #:	
UNIT 2:	MOTOR VEHICLE -	1998 4RUN PLATE: 044ZBY (WA)	TOWED BY:
DRIVER: CHONTE L HAMILTON		VEH OWNER: CHONTE L HAMILTON	
ADDRESS: 1924 VIRGINIA AVE EVERETT, WA 982012443		ADDRESS: 20630 34TH DR NE ARLINGTON, WA 98223	
DL #: HAMILCL081DK		STATE: WA	
PHONE: (425) 737-3826		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: OMNI		INSURED BY:	
POLICY #: 4331699		POLICY #:	
UNIT 3:	MOTOR VEHICLE -	2013 FORD FOCUS PLATE: ARU3588 (WA)	TOWED BY:
DRIVER: DAVID G IVANCICH		VEH OWNER: DAVID G IVANCICH	
ADDRESS: 10629 59TH DR NE MARYSVILLE, WA 982700000		ADDRESS: 10629 59TH DR NE MARYSVILLE, WA 98270	
DL #: IVANCDG498N2		STATE: WA	
PHONE: (425) 346-7977		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: FARMERS		INSURED BY:	
POLICY #: 188414587		POLICY #:	

Incident History for: #SS14018214 Xref: #AG14002663

Case Numbers: \$SS14002293

Entered 09/17/14 16:34:23 BY SPCT05 SP0272

Dispatched 09/17/14 16:34:54 BY SPDP17 SP0368

Enroute 09/17/14 16:34:54

Onscene 09/17/14 16:36:57

Closed 09/17/14 17:04:33

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1718 Map Page: 377E-4 Group: SS1 Beat: NORT

Src: T

Loc: SR 9 NE/SR 92 ,LKS (V)

Loc Info: SOUTH INTERSECTION

Name: MARTIN,ED

Addr: PASSERBY

Phone: 4253454810

/1634 (SP0272) ENTRY ,AC 6 CARS - NON INJURY

/1634 (SP0368) AGCADV ,BCST

/1634 DISPER 19D3 #SS120 BERNHARD,OFFICER (KERRY)

/1635 (SP0272) SUPP NAM: MARTIN,ED,

ADR: PASSERBY,

PHO: 4253454810,

TXT: NB LANES

/1635 (SP0368) ASSTER 19D2 #SS112 WARBI,OFFICER (STEVE)

/1635 (SP0279) SUPP LOCI: SOUTH INTERSECTION,

NAM: GRINDE, BRENDA,

PHO: 4253774885,

TXT: 2 VEH REAR ENDER, UNK INJS, BLOCKING NB LEF

T LANE, JEEP VS 2 PC'S

/1636 (SS131) *ASST 19R1 [SR 9 NE/SR 92 ,LKS]

#SS131 WELLS,OFGR (CHAD)

/1635? (SP0301) SUPP LOCI: VERIZON,,

PHO: 4252804539,

TXT: AC, 4-5 CARS, THINKS INJS, UNK EXTENT

/1636 (SP0368) ENROUT 19R1

/1636 ONSCNE 19D2

/1637 CROSS #AG14002663

/1640 ONSCNE 19R1

/1641 ONSCNE 19D3

/1644 (SP0263) SUPP LOCI: VERIZON,,

NAM: GRINDE, BRENDA,

PHO: 4252804539,

TXT: 4GRN CXL E68

/1646 (SP0368) ASNCAS 19R1 \$SS14002293

/1704 (SP0274) CLEAR 19R1 D/H

/1704 CLEAR 19D2 D/H

/1704 CLEAR 19D3 D/H

/1704 CLOSE 19D3

ORIGINAL
LSPD